Please type a plus sign (+) inside this box

PTO/SB/21 (08-00)

Approved for use through 10/31/2002 OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application 09/976,219 Filing Date 10/12/2001 Yat Sun Or First Named 1653 Group Art Unit **Examiner Name** Samuel W. Liu Attorney Docket Number ENP-030

| ENCLOSURES (check all that apply) | | | | | | |
|--|---------------------------|-------------|---|-------|------------------------------|---|
| | Fee Transmittal Form | | Assignment Papers (for an Application) | | | After Allowance Communication to Group Appeal Communication to Board |
| Fee Attached | | Drawing(s) | | | of Appeals and Interferences | |
| Amendment / Response | | | Licensing-related Papers | | | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| After Final | | Petition | | | Proprietary Information | |
| Affidavits/de | Affidavits/declaration(s) | | Petition to Convert a Provisional Application Power of Attorney, Revocation Change of Correspondence | | | Status Letter |
| Extension of Time Request | | \boxtimes | | | X | Other Enclosure(s) (please identify below): |
| Express Abandonment Request | | Ш | Terminal Disclai | mer | | Transmittal of Information Disclosure Statement including |
| Express Abandonment Nequest | | | Request for Ref | und | | Authorization of Payment Of Fee under 37 C.F.R. §1.17(p) |
| Information Disclosure Statement | | | CD, Number of | CD(s) | | <u>Francis</u> |
| Certified Copy of Priority Document(s) | | Remarks | | | | |
| Response to Missing Parts/ Incomplete Application | | ## | | | | |
| Response to Missing Parts | | T | | | | |
| under 37 CFR 1.52 or 1.53 | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | |
| | Reg. No. P-52,887 | | | | | |
| Signature / A / // / | | | | | | |
| Date / 02/13/2003 | | | | | | |
| CERTIFICATE OF MAILING | | | | | | |

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date

Typed or printed name

apotosto

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U. S. Patent and Trademark Office. Washington, DC. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC. 20231.

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. (Under 37 CFR 1.97(b) or 1.97(c)) **ENP-030** FEB 7 : 7083 In Re Application: Or, et al. Group Art Unit Examiner Serial No. Filing Date 09/976,219 10/12/2001 Samuel W. Liu 1653 Cyclosporin Analogs for the Treatment of Autoimmune Diseases Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) A check in the amount of is attached. The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 50-2010 as described below. A duplicate copy of this sheet is enclosed. Charge the amount of \$180.00 X Credit any overpayment. Charge any additional fee required. Certificate of Transmission by Facsimile* Certificate of Mailing by First Class Mail I certify that this document and authorization to charge deposit I certify that this document and fee is being deposited 2/13/03 with the U.S. Postal Service account is being facsimile transmitted to the United States Patent and Trademark Office (F as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. (Date) Signature Stacie S. Capotosto Typed or Printed Name of Person Signing Certificate Typed or Printed Name of Person Mailing Certificate *This certificate may only be used if paying by deposit account.) Dated: 02/13/2003lason D. Ferrone Reg. No. P-52,887 CC:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

REVOCATION OF POWER OF ATTORNEY

Docket No.

ENP-030

Name of Applicant:

Or, et al.

Address of Applicant:

Enanta Pharmaceuticals

Attn: Patent Dept. 500 Arsenal Street

Watertown, MA 02472

Title:

Cyclosporin Analogs for the Treatment of Autoimmune Diseases

Serial No., if Any:

09/976,219

Filed:

10/12/2001

TO THE ASSISTANT COMMISSIONER FOR PATENTS

The Assistant Commissioner for Patents Washington, D.C. 20231

Honorable Sir:

I hereby revoke the Power of Attorney given to:

Sandhya L. Kalkunte, Reg. No.: 46,466

Dated: 2/13/03

By: